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Serving Clark, Lincoln and
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**State of Nevada
Department of Education
Credit Card Authorization Form**

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Printed Name (as it appears on your credit card): _____

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Nevada Educator License Number (if applicable): _____ Telephone: _____

Payment Type: ☐ Discover ☐ Master Card ☐ Visa Payment Amount \$ _____

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Expiration Date:

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Month Year

I understand and agree that I am authorizing the Nevada Department of Education to charge my account. The payment amount may not exceed the amount above. I certify that I am an authorized user and will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in the form.

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